

SB 579 -- HEALTH CARE

This bill changes the law regarding the provision of health care.

TELEHEALTH SCOPE OF PRACTICE (Sections 191.1145 and 191.1146, RSMo)

The bill defines telehealth and authorizes any Missouri licensed health care provider to provide telehealth services within his or her scope of practice with the same standard of care as services provided in person. These provisions must not apply to informal consultation by a provider licensed in another state, emergency care provided by a provider licensed in another state, and episodic consultation by a provider licensed in another state. The bill prohibits an originating site from being required to maintain immediate staff except in certain circumstances and so long as the standard of care is met.

Physicians practicing telehealth must ensure a properly established physician-patient relationship exists with the patient receiving telemedicine services. The bill delineates how a physician may establish a physician-patient relationship, including through the use of telemedicine.

INFECTION REPORTING (Sections 192.020 and 192.667)

The bill requires the Department of Health and Senior Services to include carbapenem-resistant enterobacteriaceae (CRE) in its list of communicable or infectious diseases which must be reported to the department.

Currently, the department is required to disseminate reports to the public based on data compiled showing infection incidence rates for certain infections for hospitals and ambulatory surgical centers. The bill adds other infections to be reported, including: hospital and ambulatory surgical center procedure infections that meet certain requirements, central line-related bloodstream infections, health care-associated infections specified by the Centers for Medicare and Medicaid Services (CMS), and other categories of infections established by the department. The department must make the reports available to the public for at least two years.

The bill requires the Infection Control Advisory Panel to make recommendations to the department regarding CMS' reporting requirements by January 1, 2017. The panel recommendations must address which hospitals must be required, as a condition of licensure, to use specified national networks for data collection, risk analysis and adjustment, or public reporting of infection data. After considering the panel's recommendations, the department must implement guidelines from the Centers for Disease

Control and Prevention's National Healthcare Safety Network, or its successor. As a condition of licensure, those hospitals that meet the minimum public reporting requirements must participate in the National Healthcare Safety Network program. Those hospitals must permit the program to disclose facility-specific data. Those facilities not participating in the program must submit facility-specific data to the department as a condition of licensure.

The bill also provides that no later than August 28, 2017, each hospital and ambulatory surgical center, excluding mental health facilities, must establish an antibiotic stewardship program for evaluating the judicious use of antibiotics, especially antibiotics that are the last line of defense against resistant infections. The stewardship program procedures must be made available to the department upon inspection. Hospitals must meet specified national standards for reporting antimicrobial usage or resistance and must authorize the National HealthCare Safety Network, or its successor, to disclose to the department facility-specific reported data. The data must not be disclosed to the public except under specific circumstances. Beginning January 1, 2018, and every year thereafter, the department must report to the General Assembly on the incidence, type, and distribution of antimicrobial-resistant infections in the state.

TELEHEALTH STORE-AND-FORWARD TECHNOLOGY (Sections 208.671 and 208.673)

The bill changes the laws regarding the use of store-and-forward technology in the practice of telehealth services for MO HealthNet recipients. The bill defines "asynchronous store-and-forward" as the transfer of a participant's clinically important digital samples, such as still images, videos, audio, and text files, and relevant data from an originating site through the use of a camera or similar recording device that stores digital samples that are forwarded via telecommunication to a distant site for consultation by a consulting provider without requiring the simultaneous presence of the participant and the patient's treating provider. The bill requires the Department of Social Services, in consultation with the departments of Mental Health and Health and Senior Services, to promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in MO HealthNet. The rules must address asynchronous store-and-forward usage issues as specified in the bill.

Telehealth providers using asynchronous store-and-forward technology must obtain the participant's consent before asynchronous store-and-forward services are initiated and to ensure confidentiality of medical information. Asynchronous store-and-forward technology in the practice of telehealth may be utilized to

service individuals who are qualified as MO HealthNet participants under Missouri law. The total payment for both the treating provider and the consulting provider must not exceed the payment for a face-to-face consultation of the same level. The standard of care for the use of asynchronous store-and-forward technology in the practice of telehealth must be the same as the standard of care for face-to-face care.

The bill establishes the Telehealth Services Advisory Committee to advise the Department of Social Services and propose rules regarding the coverage of telehealth services utilizing asynchronous store-and-forward technology. The committee must be comprised as specified in the bill and must serve terms as delineated in the bill.

TELEHEALTH PROVIDERS AND ORIGINATION SITES (Sections 208.675 and 208.677)

The bill requires specified individuals who are licensed in Missouri to be considered eligible health care providers for the provision of telehealth services in the MO HealthNet Program. The bill defines "originating site" as a telehealth site where the MO HealthNet participant receiving the telehealth service is located for the encounter. Originating sites are specified in the bill.

If the originating site is a school, the school must obtain permission from the parent or guardian of any student receiving telehealth services prior to each provision of service.

HOME TELEMONITORING SERVICE (Section 208.686)

Subject to appropriations, the Department of Social Services must establish a statewide program that permits reimbursement under the MO HealthNet Program for home telemonitoring services. The bill defines "home telemonitoring service" as a health care service that requires scheduled remote monitoring of data related to a participant's health and transmission of the data to a health call center accredited by the Utilization Review Accreditation Commission. The program must:

- (1) Provide that home telemonitoring services are available only to individuals who are diagnosed with conditions specified in the bill and who exhibit two or more of specified risk factors;
- (2) Ensure that clinical information gathered by a home health agency or hospital while providing home telemonitoring services is shared with the participant's physician; and
- (3) Ensure that the program does not duplicate any disease

management program services provided by MO HealthNet.

If, after implementation, the department determines that the program established under these provisions is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet Program. The department must determine whether the provision of home telemonitoring services to individuals who are eligible to receive benefits under both the MO HealthNet and Medicare programs achieves cost savings for the Medicare Program.

If, before implementing any of these provisions, the department determines that a waiver or authorization from a federal agency is necessary for implementation, it must request the waiver or authorization and may delay implementation until the waiver or authorization is granted.

TELEHEALTH PRESCRIPTIONS (Section 334.108)

The bill adds telemedicine prescriptions to current provisions requiring physicians issuing Internet prescriptions to establish a valid physician-patient relationship and specifies what the relationship must include. The bill adds assistant physicians to the list of physician designees who may establish a physician-patient relationship. The bill prohibits a health care provider, physician or his or her delegate, on-call physician, or advanced practice registered nurse from prescribing a drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone unless a previously established and ongoing valid physician-patient relationship exists and prohibits a health care provider from prescribing based solely on an Internet request or an Internet questionnaire.